

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

This declaration is of the following type: (check one) ☒ original; ☐ design ☐ supplemental; ☐ national stage of PCT

I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if multiple names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE MANUFACTURE OF POROUS PROSTHESES

the specification of which: (check one) ☒ is attached hereto; ☐ was filed on _____ as Application Serial No. _____ and is/was amended on _____ (*if applicable*); ☐ was described and claimed in PCT International Application No. _____ filed on _____ as amended under PCT Article 19 on _____ (*if any*).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby identify below, and where indicated claim foreign priority benefits under Title 35, United States Code §§ 119(a)-(d) or §§ 365(a)-(b) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America, filed within 12 months (6 months for design) prior to this application, and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed (*if any*):

Prior Foreign/PCT Application(s)

			Priority claimed	
			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	Country	Day/month/year filed	Yes	No
_____	_____	_____		

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below (*if any*):

 Provisional Application Number

 Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States of

America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing date) (patent, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Barry Evans, Registration No. 22,802 and all of the firm of Kramer Levin Naftalis & Frankel LLP, 919 Third Avenue, New York, New York 10022, including all of the attorneys of **CUSTOMER NO. 31013** as my attorneys with full powers of substitution and revocation, to complete this document by adding the serial number of our application, to prosecute this application, to make alterations and amendments therein, to file continuation and divisional applications thereof, to receive the Patent, and to transact all business in the Patent and Trademark Office and in the Courts in connection therewith, and specify that all communications about the application are to be directed to the correspondence address of **CUSTOMER NO. 31013**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR(S):

Full name of first inventor: Leonard Pinchuk
Residence: 13704 SW 92 Court
Miami, Florida, 33176

Citizenship: United States

Inventor's signature: _____ Date: _____

Customer No. 31013

Atty Docket No.: 057815-00010

Full name of second inventor: Yasushi P. Kato
Residence: 311 South West 187 Avenue
Pembroke Pines, FL 33029

Citizenship: Japan

Inventor's signature: _____ Date: _____